	Juvenile Gang		Hate Crime	e use / Exploitation	1			INCIDEN	IT RE	PORT		Agency Report		of	4Page		
	Domestic \		VOR		- Ac	ancy OR	I Number					160029124					
	Endangere				FL	.064000					Zone # 24		Telephone Handle Call? (T.H.C.)		Yes No 2		
1	Reported: Day	1	Time (		e Dispatched	d (mil.)	Time	Arrived (mil.)	Time Con	mpleted (mil.	) Nature of	Call (Report Typ			140 12		
1	Wednesday Incident Type:	3. Misde	2016 1446 emeanor 5	. Ordinance	Incident: Da	av [	1454 Date	Time (mil	1	Day	THEFT	Theft (UC					
	Felony     Traffic Felon	-	c 9 lemeanor	. Other	From Saturd		10-01-201			TO Tueso			me (mil.) Occur D - Da 00 N - Nig		nknown U		
DATA	Offense #1		atute Violation No 2.014(2)(C)5	umber				Description				. 2010 100	717 118	A - Attemp	ited		
	#2		atute Violation No	umber				Grand Theft - Description	Firearm					C - Commi A - Attemp	10		
ENT	Incident Location	on (Street, Apt.	Number)						City				7:	C - Commi			
E	1590 S WOO								DELAN	ID			Zip 32720				
	Business Name		er	# Prem.		Drug Rela 0. N/A 1	1. Yes	Alcohol Rela 0. N/A 1. Y		Forced Ent 1. Yes 3.	try Attempted	Arson-Inhabite  1. Occupied	3. Abandoned		Attempted Yes		
	Location Type	Location Ty					2. No  0	2. N	0 0	2. No	2	2. Unoccupied			No		
		01.Residen 02.Apartme	nt/Condo 06.	Convenience St Gas Station	10.De	permarke pt/Discou	unt Store	13.Bank/Finance 14.Commercial				1.Airport 2.Bus/Rail Termir	25.Parking Lot/Ga nal 26.Highway/Road		29.Motor Vehicle 30.Other Mobile		
	11	03.Residen 04.Hotel/Mo		Liquor Sales Bar/Nightclub		ecialty St ua Store/h		15.Industrial/Mt 16.Storage	fg.	19.Jail/	Prison 2	3.Construction Si 4.Other Structure	te 27.Park/Woodland	s/Field 8	38.Unknown 39.Other		
	V/W Code V-Victim	N-Next of Kin	Victim/Subject 0. N/A	t Type 4. Business		ess/Phone isiness/W		Message P.	1	Race	O-Oriental/Asian	Sex R	esidence Type	Residen	ce Status		
S	W-Witness R-Reporting Pe	O-Other erson	1. Juvenile 2. L.E. Office		C. Ce	ell	N. 1	Next of Kin S.	School	B-Black I	U-Unknown	F-Female 1.	NA 3. Florida City 4. Out-of-State	0. N/A 1. Full Y 2. Par. Y			
ODES	Means of Attack		3. Adult	9. Other Extent	of Injury			V.	Vacation	I-American I	Indian	U-Unknown 2.	County Victim Pole	3. Non-F	Resident		
Ö	F-Firearm K-Knife/Cuttin		er Dangerous nds, Fists, Feet, I	00.N/A €tc. 01.Gun		Laceratio Unconsci		06.Poss. Inte 07.Loss of T			sions/Bruises 'isible Injury	1. Yes	S-Spouse P-Parent	B-Sibling O-Other Fa	Z-Other		
	Offense Indica	ator I	//W Code	# V. Type			ken Bones				r Serious Injury	2. No	C-Child	H-Co-Habit	tant		
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1	1.#	12		m ssing Person)												
	Da	ate of Birth	Age To Age	Height To	o Height	Weight	To Weight	Eye Color			Hair Color		Maide	en Name		
	Nic	ckname / Street Name		Place of	f Birth - City	Co	ounty	State	Empl	oyer/Other	School			Occupation	on	
	Las	st Known Address (Stree	et, Apt. Number)		С	ity	S	ate	Zip		Ad	dress Type	Phone			Phone Type
	Oth	her Address (Street, Apt.	Number)		C	ity	S	ale	Zip		Ad	dress Type	Phone			Phone Type
NO	Dri	iver's License State/Num	nber		Social Securi	ity Number			Other ID	Number					ID Typ	e .
SECTION	Clo	othing (Describe)					Scars	Marks/Tatto	os (Type/	Describe)		Scars/	Marks/Ta	ittoos (Type	e/Describe)	
	Hai	ir Length /Style	Skin	/ Build	Facial F	/ eatures			Speech/V	oice [	Deformity				Glasse	s
SSING	NE ST	/ / Demeanor	/ Mask	Weapon Type							Despositions	/ Subject Wa	/ as Alread	v .	Warrant	
MIS	lf S	Subject: / Date of Last Contact	Date of Emanc	1	ution Ca	/ aution Reaso	1				If Arrested.	in Custody	? 1.1	Yes	1. This Ac 2. Other A	gency
CT		May Be With:		al Condition:							Personal Habi	is (Drugs / Alt				
SUBJE	9	A SECTION AND SECURITY OF THE PARTY OF THE P	Fliysic			Ment	al Condition:			Doctor I	Name:			Dentist Na	me;	W-
SU	SSING	Incident Type 1. Runaway 2. Parents	6. Disaster Victim		Foul Play Suspected?		Missing Bef	ore?		ingerprints vailable?		Photo Avai	lable?		Dental Record Available?	7
	Σ	3. Involuntary	7. Voluntary Adult		I. Yes 2. No	1	1. Yes 2. No	1		. Yes		1. Yes 2. No			1. Yes	
		5. Endangered	8, Unknown		B. Unknown		8. Unknown			. 140	_1_	2. 140			2. No	
18		nerson; and this agen	cy has my permission to		(Printed)	10-0				(	(Signature) ce	ertify that I have	ve reporte	ed the abov	ve person as a	missing
	Offe	ense Indicator .	Subject Code S-Suspect V-Victin	C			Name (Last)		(	First)		(Mide	die) I	Race	Sex E	thnicity
	2. #2			sing Person)	Height V	Neight	To Weight	Eye Color			Hair Color		Maide	n Name		***
	Nic	kname / Street Name		Place of	Birth - City	Co	ounty	State		oyer/Other/						
	1 20	st Known Address (Stree	t Ant Number					1		byen Other				Occupation	on	
					Ci			ate	Zip		Add	iress Type	Phone			Phone Type
7		ner Address (Street, Apt.			Ci	ty	St	ate	Zip		Add	dress Type	Phone			Phone Type
TION	Driv	ver's License State/Num	ber		Social Securit	ty Number			Other ID	Number					ID Type	
SECTION	Clo	othing (Describe)	1	1 1		1	Scars/	Marks/Tatto	os (Type/I	Describe)		Scars/	Marks/Tat	ttoos (Type	e/Describe)	
	Hair	r Length /Style	Skin	Build	Facial F	eatures	,	1	Speech/V	oice E	Deformity	,			Glasse	s
ISSING	If S	Subject: Demeanor	Mask	Weapon Type		,					If Arrested:	Subject War	as Already		Warrant 1. This Ag	From:
I/MI		Date of Last Contact	Date of Emanci	pation Cau	tion Ca	aution Reason	n /				Personal Habit		2.1	No	2. Other A	agency
SUBJECT	(D	May Be With:	Physics	al Condition:		Menta	al Condition:			Doctor N	Vame:		1	Dentist Nar	me:	
SUB	SING	Incident Type 1. Runaway	6. Disaster		oul Play		Missing Befo	ore?		ingerprints		Photo Avail	lable?		Dental Record	
0,	MISS	2.0	Victim 7. Voluntary		Suspected?		1. Yes		300	vailable? Yes		1. Yes			Available?	
	<u>L</u>		Adult 8. Unknown	2	. No . Unknown		2. No 8. Unknown			. No	1	2. No			1. Yes 2. No	
		<b>1.</b>			(Printed)						Signature) as	ertific that I be	0140 5000	dad the		as a missing
	1		ency has my permission	on to enter this pe	rson in a sta											
	2		date and time, D													
Ш	3	Upon arrival, [	Deputy Watson s	poke with Fre	ed Kaiser	(R1) who	o advised	he had h	nis dep	artmen	t issued G	lock 35 fr	rom Vo	olusia C	County Sh	eriff's
VIIV	5	Pontiac). Kais	er stated he take	s the bag bar	ck and for	rth to wor	rk from his	home re	esiden	ce ever	vday Kais	er staten	he ha	as not o	hserved t	he Glock in
NARRATIVE	6	the bag since	10/1/2016 and n Kaiser wanted t	oticed it was	not inside	of the h	and bag of	11/01/	2016	Kaiser s	stated he	did not ca	Il to re	nort the	e aun etal	on right
NA	8	the stolen Glo	ck with negative	results. Kaise	er provide	ed the ser	rial numbe	r "WFP1	55" ar	nd advis	sed the Glo	ock has a	norte	d harre	Kaiser	stated he
	9	does not know	who stole the g	un. The Gloc	k 35 is wo	orth appr	oximately	\$650 do	llars. K	aiser o	ompleted i	a sworn v	vritten	statem	ent.	
	Fina	al Case Final C	Case Codes: 1.Arrest/Adul	t 2.Arrest/Juv.	2 5	anal/A d. II	15					<b>_</b>	-			
IVE		DCF Hotline	Codes. I.AirestAddi	2.Arrest/Juv.		onal/Adult	4.Exceptional			6.Unfounde		Victim Adv	vocate	Tri	ad	SA Referral
RAT		CAC Spoke				ate:	Time:	X		CIC Entry CIC Cance		T. BOLO		Date:		By: 3238
ADMINISTRATIVE	Cor	nnecting Report Number	Agency		itional Forms Attached:	Narrative	SA 707	Pers	ons	Property	Veh./Tow	Sheet	Other D		2010 10	
MIN	Offi	icer Reporting - Printed		- 1	Officer Res	octing - Signa	ature	11			ID. Numbe		Unit		Date	
AE		tson, Brandon icer Reviewing - Printed (	(If Applicable)		Office of	rlewing - Sign	2/1	hid	)		8437		1B25		11-16	3-2016
					Jose year	merring - Ship					ID, Number		Unit		Date	

						IVAIN	CATIVE / S	UPPLEMENT		Page 3	of4Pages
EVNT	Repo	in Date 6-2016				Nature of Call (for Incide	nt)	Agency Report Number			1.Original 2.Supplement
NARRATIVE / CONTINUATION	Repo 11-11 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	Deputy \ any furth Deputy \ Deputy \	Natson provide er information Natson contact	of the Glocked Kaiser w to add to the	k being stol with a busing the report. County Re	Nature of Call (for Incide THEFT len Deputy Watso ess card and cas ecords and and h	on did not proce e number. Dep ad the firearm	Agency Report Number 160029124 ess the scene for outy Watson advise	fingerprints. ed Kaiser to conta via operator Kalvi	ct the numbers pr	1.Original 2.Supplement
ADMINISTRATIVE	London		Final Case Status Codes: 1.	ArresVAdult	2.Arrest/Juv.	3.Exceptional/Adult Date:	4.Exceptional/Juv.	5.Closed 6.Unfounded	d Victim Ac	Date:	SA Referral
TR	-	ecting Report				onal Ferms		FCIC / NCIC Cancel		111-16-201	6 6238
S						tached: Narrative	SA 707	Persons Property	Veh /Tow Sheet	Other Describe:	
M	Office	er Reporting - I	rinted			Officer Reporting - Signa	ture	1	ID. Number	Unit	Date
D	Wats	on, Brando	0			11/	1/1				and the second
7			Printed (If Applicable)			officer/Reviewing - Sign	tyle (II Manicable)	1)	8437 ID. Number	1B25 Unit	11-16-2016 Date

	-				<u> </u>						
EVNT		rt Date	Report Time	Orig, Reported Date	Nature of Call (for Incident	)	Agency Report Number			1.Original	1
<u> </u>		9-2016	1123	11-16-2016	THEFT		160029124			2.Supplement	-
NARRATIVE / CONTINUATION	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 22 23 24 25 26 27 28 29 33 33 34 44 45 46 46 47 47 48 48 48 48 48 48 48 48 48 48 48 48 48	Con 11/17/2 interview, In Kaiser state he followed Johnson. In completed that was the above men Within this is (annual ins). Lieutenant the day that Kaiser to pidealership place it on I employee whis green result in the seball cawas "Lt Day Sheriff John date was conew duty www. Was in 2002 (Karen Glaewhen Sheriff John date was "Lt Day Sheriff John date was Conew duty www. Was in 2002 (Karen Glaewhen Sheriff John date was "Lt Day Sheriff John date was Conew duty www. Was in 2002 (Karen Glaewhen Sheriff John date of the courred af While at this file (12/7/20 and advised Sgt MacDorlost/could not oget a paid disagreed was vice from service from service from should be not advised Inventor on 12/08/20 In said interissued a brack when Investigation of the service from state in the service of the s	ed that his dealed policy and proconv Campbell as for the lost/stole e only disciplinationed firearm. Investigation, Kapection) and ha James Day proof t Kaisers lost/stock up his VCSC at approximately his desk. Lt Day where Kaiser parecycle bag (that it, Inv Campbell (1087) are leads showed to Inventory contains a paddle his as a pa	probell met with Reked Kaiser if he wership has no surcedures with repolivised Kaiser to cen firearm. It is unity sanction he remaiser neglected to a delivered the wided a written stolen issued weap issued duty weap issued duty was y 1130 hours, and continued with the carries every checked VCSO to the total to ask Geralder he could not have been could not have been could not have been could not be a called Inventory aren Glaesel - Shad be noted that Kaiser worked her to call down Sheriff Johnson compages and she were could not pages	eserve Deputy Fredwould know of anyor veillance system - norting the lost/stolen ontact his Sergeant nknown as of this deceived. Lastly, only on inform Inv Campbo weapon to him persuatement on 12/08/20 on was given to him apon from training and handed the weapon hat one of Kaisers erof the barrel on the where he goes) or if ele-type to make sure a paddle holster was not provided with control (spoke with periff's secretary on taiser has not been an impelliarrived at 123 meeting with Sheriff in the hall to ask for of the serial number of the serial nu	erick "Rocky" ne in his emplo o surveillance firearm to his (Chain of Con ate if he did or as of 12/9/20 ell that Lieuter conally.  016 at approxi m. He advised nd bring it to h on to Kaiser. I employees wal weapon. Last f he placed it b are the lost/stol ser going to SI hat and a hol Travis) to ask 11/16/2016. I an active law of the ser going to SI hat and a hol Travis) to ask 11/16/2016. I an active law of the ser going to SI hat and a hol Travis) to ask 11/16/2016. I an active law of the ser going to SI learn and the hol Travis to ask 11/16/2016. I an active law of the ser going to SI learn and the hol Travis to ask 11/16/2016. I an active law of the ser going to SI learn and the learn ser going to SI learn ser going ser	Caiser at his car opyment that could was recovered by chain of comman mand) and reported. Kaiser states 16, there was an ant James Day had been stated that ked into the office by, Lt Day stated that ked into the office by, Lt Day stated ack on his desk. It Day stated ack on his desk. It Day stated ack on his lost/st were only purch ster at that time, for Kaisers serial astly, Krug stated enforcement office when she gets it. It who advised that weapon (old) serial li who advised and the was active curtated he did not have a construction of the was active curtated he did not have a construct	y law enforcement of the replied with this so that an and that he was yell auto incident replied at retrieved the first regarding his in that on Septembralership. Lt. Day he observed Kailership. Lt. Day he ob	e weapon, he state  at. Inv Campbell at hyes, I contacted auto incident reported auto incident reported auto incident reported auto incident reported at by the Sheri ort completed by Sirearm from the transcript at the series of the way of the state of the series of the way of the series of the s	in preliminary of no.  sked Kaisel Sheriff Ben of could be ff Johnson agt Stickles of ining section with Kaise asked by ved at the on from him wed his of the handg of the hand of the handg of the hand of the handg of the hand of the ha	y  rif  and of the  on  iser  and gun in  rst  ug at This ra etail  etary nat  ment e file  ying at he in
	Final C	Case Fin	nal Case		- III GUITTI		sorr gives mili	ino daty weapon	or real ement.		
ווו	Status		atus Codes; 1,Arrest	VAdult 2.ArresVJuv.	3.Exceptional/Adult 4	.Exceptional/Juv.	5,Closed 6.Unfounded	Victim A	dvocate Triad	SA Refer	rral
1	Пр	CF Hotline			Date:	Time	FCIC / NCIC Fata				
<b>ADMINISTRATIVE</b>			oke With:		Date:	Time:	FCIC / NCIC Entry	T.T. BOLO	Date:	By:	
R	berend	ecting Report Num		] Add	itional Forms		FCIC / NCIC Cancel				
S					Attached: Narrative	SA 707 F	ersons Property	Veh./Tow Sheet	Other Describe:		
Z	Officer	r Reporting - Printe	ed		Officer Reporting - Signatu					182	
S					- Signatu		_	ID. Number	Unit	Date	
X		bell, Robert	ted (If Applicable)		(			7103	1F22	12-09-2016	
	Unicel	r Reviewing - Print	eu (II Applicable)		Officer Reviewing - Signatu	the (If Applicable)		ID. Number	Unit	Date	

E	Repo	rt Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number			1 Original	
EVNT	12-0	9-2016	1123	11-16-2016	THEFT	160029124			1 Original 2 Supplement	12
	59				neously uttered that he has had a		for approx 38 yea	ers and said "evenu		2
	60	their gun ar	nd I want one".	He furthered the	utterance with he didn't want the	old alock he war	nted a new one to	retire with	ine else gel	.5
	61									
	62	Kaiser state	ed that he has a	lot of weapons at	the house that he keeps in the s	same vicinity as h	e kept the lost/sto	len weapon and th	at none of th	nem
	63	were missir	ng. This puts the	e firearm back in I	Kaisers hands at the dealership.	Lastly, Sqt Macl	Dowell asked Kais	er if he would susp	ect anyone	in
	64	his employr	ment that could p	possibly steal the	weapon, he advised no. No one	is allowed in his	office while he is	gone.		
	65									
	66	A voice stre	ess analysis test	will be scheduled	d for a future date with Kaiser - T	BD.				
N										
Ĕ										
15	1									
Z										
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/E										
E										
N.										
NARRATIVE / CONTINUATION										
Z										
										-88
										17
	1									
	-									
	Final C		al Case alus Codes: 1.Amest/a	Adult 2.Arrest/Juy	3.Exceptional/Adult 4.Exceptional/Juv	5.Closed 6.Unfounded	Dietim 4 d	tyocate Trans	Dea here	-1
M								fvocate Triad	SA Referra	at
ATI	- Comment	CF Holline	-1 - 14/01		Date: Time:	FCIC / NCIC Entry	T.T. BOLO	Date:	l By:	
TR	-	AC Sport Numb	oke With: ber Agency	Addition	onal Forms	FCIC / NCIC Cancel				
ADMINISTRATIVE						ersons Property	Veh./Tow Sheet	Other Describe:		
2	Officer	Reporting - Printe	ed .		Officer Reporting Signature		ID. Number		Date	_
9		bell, Robert				_				
1	other contract of the last	Reviewing - Printe	ed (If Applicable)		Officer Reviewing - Signature (#Applicable)	manager and the second	7103 ID. Number		12-09-2016 Date	
						•			Pain	
	-							A contract of the contract of		CONTRACTOR OF

## PROPERTY REPORT

EVNT	Re	eport Date	Repo	t Time									ncy Report Number						1.Original	
田田		-16-2010 pe Theft	Type Theft C	ndes	11-16-2	2016		THE	FT				16002	9124						2.Supplement 1
THEFT	99		00. N/A 01, Burglary	02. Robber 03. Shoplift			et Picking e Snatchi	-	06. Embe				08. From	Public ess Bldg.		rom Vehic	le 11. By	Compute	The second second	e 99.Other Vehicle Parts
	V-1 S-1 D-1	erson Code Victim Suspect Defendant Witness	N-Next of Kin O-Other	1. Finde 2. Owne	r	t Code	Status 1. Evide 2. Dam 3. Arso 4.Photo	ence aged m/Bur	: 5.L Prop. 6.R ned 7.R	ost Recovere	d d (Outsid	8.Fo	und und/Con risoner's		12.Sto 13.Disp	en And R	ecovered 16	6.Vehicle I 7.Baker Ac	nventory Prop. ot Confiscated	20.Safekeeping 21.Digital Evidence
CODES	B. C.		de Photo Equipment essing Equipment	E-Equipme F-Furniture G-Games a H-Househo	and Furnis nd Gamblir	hings ng Appa	ratus		I-items of Ide J-Special Do K-Keepsakes L. Livestock	cs/Food	Stamps/		M. M O. O	lusical Instr ffice Equipr	ument ment	R-Rad S-Spor	o/TV/Sound I ts/Camping/F : Chemicals	Devices	V.Viewing I W.Well-drill Y-All Other	Equip (Binoculars) ing Equipment Items and Equipment DRUGS,JWLRY, Etc.)
	DRUG	T. Tr R. Si	ossess eli uy affic muggle	M. Ma	e pense/Distr nufacture/F ltivate	roduce			Other	B. Barb C. Coca E. Hero			O. O. P. Pa	arijuana pium/Deriva araphernalia quipment vnthelic		U, Ur Z. Otl	known ner	Unit 1. Gra 2. Milli 3. Kilo 4. Oun 5. Pou	gram gram ice	6. Ton 7. Liter 8. Milliter 9. Dose Unit/Term 99.Other
>	Le	ave Blank:	Pers	n Code #	Pers.	Invi.	Item#				Category Artic				Descrip		/ DODTED			
RT		rial Numbe	er	-	plied Numb	ier	200		Value Recover	red:	10	GUNS Date Reco				re Y / N:	F.W.T.C.		Value	
PROPERTY	E	P155 Article	ty. Brand		Model			-	S welry Type		If Drug	Activ	rity	Туре	0	uantity	Unit		\$650 Estimated Stre	et Value
d	. If (		lake _C	Model 35		Caliber 10	T	ype/C	Cat		Action			Finish BLK		Ba	rrel Length		S Barrel Type	
>	Le	ave Blank		on Code #	Pers.	Charles of the last of the las	Item#	Stat	us	Cate	STREET, SQUARE, SQUARE	Article		IDLK	Descrip	tion				
PROPERTY	Se	rial Numbe		Owner Ap	plied Numb	er			Value Recover \$	red:	0	ate Reco	vered:		Forfeitu	re Y / N:	F.W.T.C.	(Y/N)	Value \$	
PROF	elf /	Article	ty. Brand		Model			Je	welry Type		If Drug	Activ	ity	Туре	٥	uantity	Unit		Estimated Stre	et Value
	100	Gun	ake	Model		Caliber		ype/C		_ /	Action			Finish		Ва	rrel Length		Barrel Type	
>	Lea	ave Blank:	Pers	n Code #	Pers.	Invi.	Item #	Stat	us	Cate	gory	Article			Descrip	tion				
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PROPERTY	117	Article Q			Model			Jev	welry Type		If Drug	Activ	ity	Туре	Q	uantity	Unit		Estimated Stre	et Value
Li	-12	Gun	ake	Model		Caliber	T	уре/С	at	1	Action			Finish		Ba	rel Length		Barrel Type	
>		ave Blank:		n Code #	Pers.		Item #	State	us	Cate	gory	Article	OLEVO TO FIRM AND A		Descrip	tion				
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PROPERTY	If A	Article Q			Model			Jev	welry Type		If Drug	Activ	ity	Туре	Q	uantity	Unit	,	Estimated Stre	et Value
-	2089	3un	ake	Model		Caliber		ype/C	at	F	Action			Finish		Bai	rel Length		Barrel Type	
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Z	-		ting - Printed				1	Office	Reporting - S	ignature	/	2				ID. Number Unit			Date	
ADMIN	Watson, Brandon Officer Reviewing - Printed (If Applicable)				1	Office	Reviewing -	ignatura	2	(2)				37 Number		1B25 Unit		11-16-2016 Date		

EVNT	Re	Report Date	Report Time	Orig. Reported	I Date	Nature of Call (for	Incident)				Agency Report Number			I.Original	1	
E		2-09-2016	1123	11-16-2016		THEFT Theft (UCR)						124	2		2	
		//W Code /-Victim N-Nex	ot of Kin Victim/Si	bject Type 4. Busines		Address/Phone Typ B. Business/Work			lace I-N/A I	American Indian	M-Male 0. N/A 3. Florida 0. N/ F-Female 1. City 4. Out-of-State 2. Pa			Residence Sta 0. N/A	atus	
S		V-Witness O-Oth	1. Juven		ment	C. Cell				-American Indian D-Oriental/Asian				1. Full Year		
CODES	R-	R-Reporting Person	3. Adult	9. Other		H. Home				J-Unknown	U-Unknown	2. County		Part Year     Non-Reside	ent	
18	1	fleans of Attack		Extent 00, N/A	of Injury	03. Laceration	OS Pass	Internal Injury	00 45	rasions/Bruises	Domestic Viole		Relationship		September 1	
			O-Other Dangerous	01. Gu	nshot (	04. Unconscious	07. Loss o		10. No	Visible Injury	1. Yes 2. No	S-Spo P-Pare		her Family	Other	
-	1	C-Knife/Cutting Inst. Offense Indicator	H-Hands, Fists, Feet, V/W Code	1 00. 010		05. Poss, Broken B Call (for Victim, if Di	ones 08. Burns ifferent from Incident)	I Name	99.Oth	er Serious Injury	(First)	C-Chil	d H-Co-	-Habitant (Middl	(le)	
		. #1 3. Both	w 1	5										(maa	,	
S		ddress (Street, Apt. Nu		13 1				Glaes		State	Karen Zip	Res	sidence Phon	e	-	
Z		123 W Indiana Ave						DELAND		=L			6) 736-596	1	· ·	
3	01	Other Address (Street, A	(pt. Number)			City	State	2	ip .	Ad	dress Type	Other Phone		Phone	Туре	
VICTIM/WITNESS	Ot	other Contact Info (Time	Available, Interpreter	, etc.)			Synopsis of Inv	volvement	-,-							
CT	-	and the second second second second	18: 18					sons secreta								
5		Victim Type Race 2, or 3 W	Sex Di	ate of Birth	Age	Age Ethnicity Res. Type Res. Status Means of Attac					Extent of Injury Domestic			Relationsh	hip	
	Of	offense Indicator	V/W Code #	V. Type	Nature of 0	e of Call (for Victim, if Different from Incident) Name (Last/Business)					(First)			(Middl	ile)	
S		. #1 3. Both . #2	W 2	5				Krug			Gerald					
ES	1	ddress (Street, Apt. Nu				City				State	Zip	Res	Residence Phone			
E		123 W Indiana Ave ther Address (Street, A				City	State	DELAND FL State Zip				Other Phone	6) 736-596		7	
3			pi. Hambery	¥		J.,	Olate	_	·P	70	dress Type	Other Priorie		Phone	туре	
N	Ott	ther Contact Info (Time	Available, Interpreter	, etc.)			Synopsis of Inv	volvement		-						
VICTIM/WITNESS	-IF X	Victim Type Race	e   Sex   Da	ate of Birth	Age	Ethnicity	Res. Type	ntrol Res. Sta	tus IA	leans of Attack	Extent of Inju	ini Dom	estic Violence	Relationsh	hin	
1	1,2	2, or 3 W	M								Latter of my	200	Dane Violatice	*		
	1.	ffense Indicator . #1 3. Both	V/W Code	V, Type	Nature of C	Call (for Victim, if Di	fferent from Incident)	Name	(Last/Busi	ness)	(First)			(Midd)	lle)	
SS		#2 ddress (Street, Apt. Nu	W 3	3				Bound		State	Laura					
H	1	123 W Indiana Ave						DELAND		-L	Zip		sidence Phone			
IN	Oll	ther Address (Street, A	pt. Number)			City	State				dress Type	Other Phone	(386) 736-5961 Phone		Туре	
VICTIM/WITNESS	Ott	ther Contact Info (Time	Available, Interpreter	, etc.)			Synopsis of Inv	volvement								
CT	1974	a section and b	10 10				VCSO HR di									
>		Victim Type Race	Sex Da	ite of Birth	Age	Ethnicity	Res. Type	Res. Sta	tus N	leans of Attack	Extent of Inju	ary Dom	estic Violence	Relationsh	hip	
		fense Indicator	Subject Code		Cod	111	pe Name (Last)		(First)		I (Midd	le) Race	Sex	Ethnicity		
	1.#	#2	D-Defendant	-Victim (Missing Person	)											
	Da	ate of Birth	Age To A	ge Height	ToH	leight Weight	To Weight	Eye Color		Hair Color	Mai	den Name				
	Nic	ickname / Street Name			Place of Bi	irth - City	County	State	Employer /	Cahaal		Occup				
						Ony	1	l l	Linployer	GCIIGOI		Оссир	ation			
	Las	ast Known Address (Str	reet, Apt. Number)			City	Sta	te i	Zip	Ad	dress Type	Phone		Phone	Туре	
	00	(h														
TION	Ou	ther Address (Street, A	pt. Number)											and the second	Type	
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0	E	river's License State/Nu	umber		So	City					dress Type	Phone	Lib			
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NG SEC	Clo	lothing (Describe)	umber		Sc		er		ner ID Num	ber		Phone		Туре		
		lothing (Describe)	1	1 Duite	1	ocial Security Numb	er	Oth	er ID Num	ber be)			ype/Describe)	Type		
			umber / Skin C	/ plor Build	1		er	Oth	ner ID Num	ber			ype/Describe)	Туре		
/ MISSING	Hai	lothing (Describe)  / air Length / Style  / Demeanor	1	/ Build		ocial Security Numb	er	Oth	er ID Num	ber be)	Scars/M	arks/Tattoos (T	ype/Describe)	Type )		
/ MISSING	Hai	lothing (Describe) / air Length / Style	/ Skin C			ocial Security Numb	er	Oth	er ID Num	ber be)		arks/Tattoos (T	ype/Describe) Gla Warn 1. Thi	Type ) asses rant From: is Agency		
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MISSING	Hai	air Length / Style / Demeanor Subject: / Date of Last Contact	/ Skin C / Mask	Weapon Tyr	pe / Cautio	Facial Features / Caution R	Scars/M / / eason	Oth	rype/Descri	Deformity  If Arrested:  Personal Habi	Scars/M    Subject Was in Custody?	arks/Tattoos (T	ype/Describe) Gla Warn 1. Thi	Type ) asses rant From: is Agency		
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SUBJECT / MISSING	Hai NISSING	Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangere	/ Skin C / Mask  ct Date of E  6. Dissa Vict 7. Vol. Adu 8. Unk	Meapon Type mancipation Physical Condition: ster m mlary It	Poe / Caution Sus 1. Y 2. N 8. U	Facial Features / Facial Features / on Caution R al Play spected? / /es No Inknown	Scars/M  / / eason  Mental Condition:  Missing Befor  1. Yes  2. No  8. Unknown	Oth larks/Tattoos (T Spee	per ID Num  Type/Descri  tch / Voice  /  Do  Finger, Availat  1, Yes	Deformity  If Arrested:  Personal Habi ctor Name:  prints  le?	Subject Was in Custody? Is (Drugs / Alco Photo Availa 1. Yes 2. No	arks/Tattoos (T	ype/Describe)  Gla  Wan 1. Thi 2. Oth  Name:  Dental Re Available? 1. Yes 2. No	Type  ) asses rant From: is Agency her Agency er Agency		
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EVNT	F	Report Date	Report T	ime	Orig. R	Reported Dat	e Na	ture of Call (for	r Incident)						Agend	y Report	Number		1.Origina	1 ,
回		2-09-2016 //W Code	1123	110-6-10-1	11-16-		THEFT Theft (UCR) Address/Phone Type Race								16002				2.Supple	-
			xt of Kin	Victim/Sub 0. N/A	4.	Business	RR	ress/Phone Typusiness/Work	M. Mess	ane P F	ager	Race N-N/A		nerican Indian	Sex	A CONTRACTOR OF THE PARTY OF TH	lence Typ		Reside	ence Status
SE	V	V-Witness O-Oth		1. Juvenile 2. L.E.Offic		Government Church	C. C		N. Next		School	W-WI		riental/Asian	M-Male F-Female		4 3. Fk	orida ut-of-State	1. Full	Year
CODES	F	R-Reporting Person		3. Adult	9.	Other	H. H	ome	O. Other		acation			nknown	U-Unknown				2. Fai	rear Resident
0	A	leans of Attack	0.04			Extent of Inj 00. N/A		aceration		06. Poss. In	lemal In	inny	ng Ahras	ions/Bruises	Domestic Vid	Mark and a second		Relationshi		
			O-Other D	angerous Fists, Feet, E		01. Gunshol	04. 1	Jnconscious		07. Loss of			10. No Vis	sible Injury	1. Yes 2. No		S-Spous		bling ther Fam	Z-Other ity
-	0	Offense Indicator	V/W C		V. Ty	02. Stabbed pe Natur		Poss. Broken B (for Victim, if D		08. Burns m Incident)	- 11	Name (La		Serious Injury	(First)		C-Child	H-C	o-Habitan	(Middle)
100		. #1 3. Both . #2	W	4	5							Campbe								(windows)
ES	A	ddress (Street, Apt. Nu			10					C	ity	ampue	Stat	е	Sandi Zip		Resid	dence Pho	ne	-
Z	1	123 W Indiana Ave		,							ELAN		FL					736-59	51	
3	1	other Address (Street, A	pt. Numbe	er)				City		State		Zip		A	ddress Type	Other F	hone			Phone Type
VICTIMINVITNESS	C	ther Contact Info (Time	Available,	Interpreter,	etc.)				Syr	nopsis of Invol	vement									
5		Victim Type - Race	e I Se	y I Dat	e of Birth		A	Lenson		personell o										
>	1,	Victim Type Race 2, or 3 W	F	Date Date	e or birth		Age	Ethnicity	R	es. Type	Res	s. Status	Mea	ns of Attack	Extent of I	njury	Domes	stic Violen	e Re	elationship
		Offense Indicator	V/W C	ode #	V. Typ	pe Natur	e of Call (	for Victim, if Di	ifferent from	n Incident)	1	Name (La	st/Busines	55)	(First)		1			(Middle)
SS	2	. #2																		
冒	A	ddress (Street, Apt. Nu	mber)							C	ity		State	е	Zip		Resid	ience Pho	ne	
E	0	ther Address (Street, A	pt. Numbe	r)				City		State		Zip		IA	ddress Type	Other F	Phone			Phone Type
3	L															O.I.I.	Tidite			rione Type
1	0	ther Contact Info (Time	Available,	Interpreter,	etc.)				Syr	nopsis of Invol	vement				***************************************					
VICTIM/WITNESS	If	Victim Type Race	Se	x Date	e of Birth		Age	Ethnicity	IR	es. Type	Res	s. Status	Mea	ns of Attack	Extent of I	Valein	I Domes	stic Violend	a I Pa	elationship
-	1,	2, or 3	110010											14101011010110101		,,				•
	1.	#1 3. Both	V/W C	ode #	V. Typ	natur	e or Call (	for Victim, if Di	merent from	n Incident)	1	Name (La	st/Busines	ss)	(First)	110				(Middle)
SS	100	#2 ddress (Street, Apt. Nu	mber)							C	ity		State	9	Zip		Danie	dence Pho		
Z	L														-ih		resid	ience Filo	le	
3	0	ther Address (Street, A	pt. Numbe	r)				City State						Ac	dress Type	Other P	hone	***************************************	T	Phone Type
CTIMIMITNES	0	ther Contact Info (Time	Available,	Interpreter, e	etc.)				nopsis of Invol	vement										
0	-	Victim Type Race	Se	v I Date	of Birth		Age	Ethnicity		. +	1.5									
>	1,	2, or 3			or Direct		nge	Lumichy	K	es. Type	Res	s, Status	Mea	ns of Attack	Extent of Ir	njury	Domes	tic Violence	e Re	lationship
		fense Indicator #1 3. Both	Subject S-Susp		√ictim		Code	# Subj. Typ	pe Name	(Last)		(	First)		(Mic	idle)   F	Race	Sex	Ethni	city
	2.		D-Defe Age		(Missing		7-11-1-1											100		
			1.3-	I o Age	116	1	To Height	t Weight	1'0	Weight E	ye Color			Hair Color	M	aiden Nan	ne			
	N	ickname / Street Name	1			Place	of Birth	- City	County		State	Empl	loyer / Sch	1001			Occupat	ion		
								15	1	1							Oocupat	aon -		
	La	ast Known Address (Str	eet, Apt. N	lumber)				City		State		Zip		Ad	Idress Type	Phone			T	Phone Type
	0	ther Address (Street, A	nt Numbo	4																
TION		/ Lace of Care of / /	pr. Humbe	,				City		State		Zip		Ad	Idress Type	Phone				Phone Type
E	D	river's License State/Nu	ımber				Social	Security Numb	er			Other II	) Number					Lic	Туре	
SEC																		"	1300	
9	CI	othing (Describe)								Scars/Mar	ks/Tatto	os (Type/	Describe)		Scars/I	Marks/Tat	ttoos (Typ	e/Describ	2)	
SSII	H	air Length / Style		Skin Cole	1	Build	1	acial Features												Total Section 1
/ MISSING		/ /	1	Skill Coll	J.	Dulid		aciai realures		1	-	Speech /	Voice	Deformity	,			G	asses	
11		Demeanor	, N	lask	Wea	pon Type						1		TS 15 (5), 41	Subject Wa	s Already	,	I Wa	rrant Fron	n.
SUBJECT	II.	Subject: /					1	1		1		1		If Arrested:	in Custody		res	1. T	is Agenc	y I
JB,		Date of Last Contact	1	Date of Em	ancipatio	n C	aution	Caution R	eason					Personal Habi	its (Drugs / Alc			12.0	ner Agen	Cy I
S		May Be With:		Dh	enioni Co	nditions														
				, , , , , , , , , , , , , , , , , , ,	ysical Co	numon.			Mental Cor	naition:			Doctor	Name:		1	Dentist Na	ame:		
	SNISSIM	Incident Type					Foul Pla	y	1			T F	ingerprint	·	Photo Avail	lable?		Dental R	- aard	
	U	1. Runaway 2. Parents		6. Disast			Suspec		M	issing Before?			Available?		Filoto Avail	duler		Available		
	M	3. Involuntary		7. Volunt		1	1. Yes	1		Yes			l. Yes		1. Yes			1. Yes		
	1	4. Disabled 5. Endangere	d	Adult 8. Unkno	wn		2. No 8. Unkno	own	1 1 1 1 1 1 1 1	No Unknown		2	2. No	1	2. No			2. No		
	1								12000				-							
	100	۶ <b>۱</b> ,					(Printe	d)						(Signatura)	ertify that I have	e renort-	d the at-	WA POST	ne o esta	eloa.
	100	person; and this age	ency has n	ny permission	to enter	this person			E - 103					(Signature) c	erary triat i hav	е геропе	u ine abo	ve person	us a miss	sing
ż	0	ficer Reporting - Printe	d				Offic	er Reporting	Signature					ID. Number		Unit		T	Date	
ADMIN	-	ampbell, Robert							4					7103		1F22			2-09-20	116
AL	01	ficer Reviewing - Printe	d (If Applie	cable)			Office	Mr				ID. Number				Date				
									V											